



## Case Log Information for Urology Programs Review Committee for Urology

### Index Categories, Minimum Numbers, and Common CPT Codes

The Committee has reviewed the minimum number of procedures required for resident education. The index categories, minimum numbers, and common CPT codes are listed below.

Achievement of the minimum number of listed procedures does not signify achievement of competence of an individual resident in a particular procedure. A resident may need to perform an additional number of procedures before he or she is determined to be competent by the program director. Moreover, the list of minimum procedures represents only a fraction of the total minimum number of procedures to meet the minimum requirement for accreditation purposes, without distracting from the authority of the program director to determine the entire educational experience for each resident, taking into account each resident's particular abilities. All procedures should be recorded in the ACGME Case Log System regardless of whether the minima are met.

Please note that the minimum requirement for procedures does not supplant the requirement that, upon a resident's completion of the program, the program director must verify that he or she has demonstrated sufficient competence to enter practice without direct supervision.

	Min	Common CPT codes
<b>ADULT UROLOGY</b>		
<b>General Urology</b>	200	
Transurethral resection	100	52224 (bladder bx); 52234,25,40 (TURBT s/m/l); 52601 (TURP); 52648 (PVP)
TRUS/prostate biopsy	25	55700 (and 76872 for TRUS)
Scrotal/inguinal surgery	40	54530 (inguinal orchiectomy); 55040 (hydrocelec); 55250 (vasectomy); 55400 (vaso-vaso); 54900 (vaso-epi); 55530 (varicocele ligation)
Urodynamics (participate and interpret)	10	51797
<b>Endourology/Stone Disease</b>	120	
Shock wave lithotripsy	10	50590
Ureteroscopy	60	52344 (stricture); 52345 (UPJ obstruction); 52352 (stone removal); 52353 (laser); 52354 (tumor bx); 52355 (resection)
Percutaneous renal	10	50080 (<2cm); 50081 (>2cm); perc cryo (50593)

<b>Laparoscopy</b>	50	automatically counted
<b>Reconstruction</b>	60	50544 (lap pyeloplasty); 50780 (reimplant)
Male	15	
<i>Penile/incontinence</i>	10	54360 (plication); 54405 (IPP); 54440 (penile fx); 53440 (male sling); 53445 (AUS)
<i>Urethra</i>	5	53410 (urethroplasty); 53215 (urethrectomy)
Female	15	57288 (sling); 57260 (AP repair); 53500 (urethrolisis); 53230 (diverticulectomy); 57320 (VVF repair)
Intestinal diversion	8	automatically counted with cystectomy; otherwise use 50820 (ileal conduit); 51960 (augment); etc.
<b>Oncology</b>	100	
Pelvic	40	
<i>Prostate</i>	25	55866 (lap/robot RP); 55840/55842/55845 (RRP with no/limited/extended PLND)
<i>Bladder</i>	8	51595 (RC/conduit); 51596 (RC/continent diversion); 51597 (pelvic exent); 51550 (partial cx)
Retroperitoneal	40	38780 (RPLND); 60650 (lap Ax); 60540 (open Ax)
<i>Kidney</i>	30	50230 (ORN); 50240 (OPN); 50542 (lap tumor ablation); 50543 (LPN); 50545 (LRN); 50547 (lap donor); 50548 (lap NU)
<b>PEDIATRIC UROLOGY</b>		
<b>Minor</b>	30	
Endoscopy	5	52000 (cysto); 52005 (RPG); 52300 (ureterocele); 52327 (sting); 52332 (stent); 52400 (PUV); any ureteroscopy (see adult list)
Hydrocele/hernia	10	49496 (<6m); 49500 (6m-5y); 49505 (>5y)
Orchiopexy	10	54640/50/92 (orchiopexy via ing/abd/lap); 54600 (fixation for torsion)
<b>Major</b>	15	50220 (total Nx); 50240 (partial Nx); 50400 (pyeloplasty); 50845 (appendicoves)
Hypospadias	5	54322 (distal); 54324 (distal with flap); 54332 (prox)
Ureter	5	50780 (reimplant); 50782 (duplicated)

## Participation as Surgeon, Assistant, and Teaching Assistant

Resident participation in a surgical procedure will be credited as an index case whether the resident functions as **surgeon**, **assistant**, or **teaching assistant**.

To be recorded as **surgeon**, a resident must be present for all of the critical portions of the case, and must perform a significant number of the critical steps of the procedure. As a general principle, it is expected that over the course of their education, residents will develop the skills necessary to perform progressively greater proportions of complex cases, and that they will be given the opportunity to demonstrate those technical skills to program faculty members. It is also important to remember that the Review Committee views involvement in pre-operative assessment and post-operative management of patients to be important elements of resident participation.

Only one resident can claim credit as an **assistant** on a given case. Though it may well be valuable educationally, activity as “second assistant” should not be recorded.

A resident may also be given index case credit when acting as a teaching assistant. To be recorded as **teaching assistant**, the chief or senior resident acts as teaching assistant (supervisor), directing and overseeing major portions of the procedure being performed by the more junior resident surgeon, while the supervising attending physician (staff member) functions as a second assistant or observer.

## Logging Robotic Cases

In an effort to match the degree of resident involvement in robotic surgical cases with the resident role recorded in operative case logs, the Review Committee wishes to clarify the roles of **surgeon** and **assistant** in robotic-assisted cases. In robotic cases, the resident typically fulfills one of two operative roles: bedside assistant or console surgeon. Because the critical steps of robotic surgery are executed by the console surgeon, residents should only log their role as **surgeon** if they act as console surgeon for some portion of the case. Because robotic cases require a unique set of skills that are gained through stepwise learning, residents are not expected to complete the majority of critical steps of a given robotic case to qualify as **surgeon**. It is expected that over the course of the educational program, residents will develop the skills necessary to perform progressively greater proportions of robotic cases. When residents serve solely as the bedside assistant, such cases should be logged as **assistant**. For a situation in which two residents complete some portion of the case at the console, only one resident may log the case as **surgeon**. Included here are some examples of appropriate case logging to further clarify the expectations.

To reflect current standards of practice, the Review Committee has broadened the index category for “laparoscopy,” which is now named “laparoscopic/robotic surgery.” The case minimum for this index category is 50, but there are no specified case minimums for robotic surgery. For robotic cases, both **surgeon** and **assistant** roles are given index case credit for the “laparoscopic/robotic surgery” index category.

The hope is that these changes will reinforce the emerging importance of training in robotic surgery and help to define the current experience in ultrasound for graduating chief residents.

### Examples for Correct Coding of Robotic Surgery Cases

**Example A:** A resident (1) assists in placement of robotic ports for a robotic-assisted laparoscopic prostatectomy. She then serves as the bedside assistant, while the attending surgeon operates at the console for the entire case. She helps to remove the specimen and close port sites at the end of the case.

Resident	CPT Code	Procedure	Role	Index Credit?
1	55866	Laparoscopic/Robotic Radical Prostatectomy	Assistant	Yes

*Note: The resident did not complete any steps on the console, so she can only log the role of “Assistant” for the case. However, she will receive index case credit towards her minimum case requirement (50) for “laparoscopic/robotic surgery.”*

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**Example B:** A junior resident (1) assists in placement of robotic ports for a robotic-assisted laparoscopic prostatectomy. He then serves as the bedside assistant for the case. The senior resident (2) dissects the seminal vesicles, divides the endopelvic fascia, and completes a portion of the anastomotic sutures, while the attending surgeon completes the majority of the case.

Resident	CPT Code	Procedure	Role	Index Credit?
1	55866	Laparoscopic/Robotic Radical Prostatectomy	Assistant	Yes
2	55866	Laparoscopic/Robotic Radical Prostatectomy	Surgeon	Yes

*Note: Resident 1 did not complete any steps on the console, so he can only log the role of “Assistant” for the case. Resident 2 operated on the console for a portion of the case and may log the case as “Surgeon,” even though he did not complete the majority of the case. Both residents will receive index case credit towards the minimum case requirement (50) for “laparoscopic/robotic surgery.”*

**Example C:** A junior resident (1) assists in placement of robotic ports for a robotic-assisted laparoscopic prostatectomy. He scrubs out to complete the seminal vesicle dissection at the console, then returns to his role as bedside assistant. The chief resident (2) then completes a number of steps at the console, under the supervision of the attending surgeon.

Resident	CPT Code	Procedure	Role	Index Credit?
1	55866	Laparoscopic/Robotic Radical Prostatectomy	Assistant	Yes
2	55866	Laparoscopic/Robotic Radical Prostatectomy	Surgeon	Yes

*Note: Although both residents operated on the console for a portion of the case, only one resident may log the case as “Surgeon.” Since Resident 2 completed more of the case at the console, Resident 1 should log the case as “Assistant,” and Resident 2 should log the case as “surgeon.” Both residents will receive index case credit towards the minimum case requirement (50) for “laparoscopic/robotic surgery.”*

## Logging Ultrasound Procedures

In order to define the current resident experience in performing urologic ultrasound procedures, and to track this experience over time, the Review Committee requested that residents begin logging these cases starting July 1, 2012. Ultrasound cases include commonly performed procedures like transrectal ultrasound (TRUS) and less common procedures such as renal, pelvic, scrotal, and penile ultrasound cases. While TRUS for prostate biopsy remains an index case with a minimum number required (25), there is no minimum number of cases required for other ultrasound procedures. The Committee asks that residents use one of the CPT codes specific below when logging these procedures.

### CPT Codes for Urologic Ultrasound Procedures

Category	CPT code
<b>Scrotal</b>	76870
<b>Renal</b>	76775
Retroperitoneal, limited (kidney only)	76770
Retroperitoneal, complete (both kidney and bladder)	76776
Transplant kidney ultrasound	76998
US guidance, intra-operative (e.g., during partial nephrectomy)	76940
US guidance, parenchymal ablation (e.g., ablation of renal mass)	
<b>Pelvic</b>	51798
Residual urine measurement	76857
Limited (bladder or prostate/SVs)	76856
Complete (bladder and prostate/SVs; in females, must note uterus, adnexa, and endometrium)	
<b>Prostate</b>	76872
Transrectal ultrasound (TRUS)	76942
TRUS-guidance for needle placement (TRUS-biopsy)	76873
Prostate volume study for brachytherapy	55873
Prostate cryotherapy (includes US guidance and monitoring)	
<b>Penile</b>	93980
Duplex, complete	93981
Duplex, limited or follow-up	

## Unbundling of Procedures

In the Next Accreditation System, Case Log data will continue to provide key information regarding the adequacy of breadth and depth of surgical education for both the program and individual resident. To allow for fair comparisons of surgical experience, it is important for all residents/fellows to record cases in a uniform manner. The Review Committee would therefore like to clarify the appropriate practices for **unbundling** of surgical procedures for the purposes of case recording, since the ideal method of coding for measurement of educational experience may differ from methods used for billing.

**Unbundling** in the context of case recording occurs when portions of a single procedure are parceled out and logged separately. This is relevant when an individual case has several segments that may count towards index case credit in more than one category. For example, a Radical Cystectomy with Ileal Conduit (CPT 51595) contains portions that may contribute to the required minimums in the Oncology/Pelvic/Bladder category as well as in the Reconstruction/Intestinal Diversion category.

In 2009, the Review Committee identified a list of cases that provide a meaningful educational experience in more than one category, and automated the process of **unbundling** for these procedures in the Case Log System. Therefore, an entry of the single CPT code 51595 automatically populates both the Oncology/Pelvic/Bladder and Reconstruction/Intestinal Diversion categories. A list of procedures/CPT codes for which this automated system is in place is below. In general, the Review Committee discourages residents and fellows from manually **unbundling** procedures, since cases that have been designated as appropriate will automatically populate the relevant categories.

There are two exceptions when manual **unbundling** of surgical cases may be appropriate:

- (1) When a single case has several unrelated portions that serve as meaningful educational experiences in more than one category. For example, in the case of a combined partial nephrectomy (50240) and ureteroneocystotomy (50780), a resident may appropriately **unbundle** this case, logging the partial nephrectomy and ureteroneocystotomy separately.
- (2) When two residents each complete one side of a bilateral procedure (orchidopexy, ureteral reimplant, nephrectomy), each resident may appropriately record the case as **Surgeon**.

This clarification should help to standardize case recording across programs and make case logging less burdensome.

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## UNBUNDLING

<b>Surgical Procedure</b>	<b>CPT Code(s)</b>	<b>Index Case Credit</b>
Radical Cystectomy with Ileal Conduit	51595	Oncology Oncology/Pelvic Oncology/Pelvic/Bladder Reconstruction Reconstruction/Intestinal Diversion
Radical Cystectomy with Continent Diversion	51596	Oncology Oncology/Pelvic Oncology/Pelvic/Bladder Reconstruction Reconstruction/Intestinal Diversion
Lap/Robotic Adrenalectomy Lap/Robotic Tumor Ablation Lap/Robotic Partial Nephrectomy Lap/Robotic Radical Nephrectomy Lap/Robotic Donor Nephrectomy Lap/Robotic Nephroureterectomy	60650, 50542, 50543, 50545, 50547, 50548	Oncology Oncology/Retroperitoneal Oncology/Retroperitoneal/Kidney Laparoscopic/Robotic
Lap/Robotic Pyeloplasty	50544	Reconstruction Laparoscopic/Robotic
Lap/Robotic Radical Prostatectomy	55866	Oncology Oncology/Pelvic Oncology/Pelvic/Prostate Laparoscopic/Robotic